

Rural District of Marlborough  
and Ramsbury

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ANNUAL REPORT

on

The Health of the Area

and

The Work of the Public Health Department

for the year

1962





RURAL DISTRICT OF MARLBOROUGH AND RAMSBURY

East Wilts United Districts (M.O.H.) Office,  
1, The Green,  
Marlborough.

Telephone 487.

TO THE CHAIRMAN AND COUNCILLORS OF THE RURAL DISTRICT.

*Madam Chairman, My Lord, Ladies and Gentlemen,*

I have the honour to present the Annual Report of the Medical Officer of Health for the year 1962, in accordance with the requirements of Regulation 15 (5) of the Public Health Officers Regulations, 1959, and Ministry of Health Circular 1/63. The Report should deal with the sanitary circumstances, sanitary administration and vital statistics of the area, and particular information has been requested concerning water supply, sewerage and sewage disposal in the district.

During the year 130 residents in the Rural District died compared with 96 in the previous year. The death rate of 12.8 deaths per 1,000 population, which has been adjusted by means of a comparability factor which enables the rate to be fairly compared with that for the country as a whole or with other areas, is higher than that for the county and that for England and Wales. When the causes of death of these 130 persons (65 men and 65 women) are examined it is seen that more than a half of them were ascribed to various forms of heart disease and to cancer.

Twenty-one of the 46 deaths from heart disease were described on the death certificate as deaths from diseases of the coronary arteries (so called "coronary thrombosis"). There has been a feeling in recent years that the number of deaths due to this particular form of heart ailment has increased steadily. One does, however, form the impression that certifying practitioners tend to use this label with increasing readiness in cases of fairly sudden death or for the terminal heart failure in an elderly person, where formerly they would be content to use the vague term "myocarditis" or, perhaps just as effectively, to ascribe the death to "senility." However, as a matter of interest I will reproduce here the number of deaths of residents in the Rural District certified as due to coronary disease during recent years for which statistics are available :—

1957	1958	1959	1960	1961	1962
16	19	19	16	16	21

Regarding the cancer deaths, by far the greater number were due to bronchial carcinoma (cancer of the lung); six persons, all males, died from this disease. There is little doubt that this unpleasant and almost invariably fatal disease has become steadily more common during the past few decades.

Each year the national statistics show a steadily mounting mortality from this condition, and the available epidemiological evidence makes it clear to the unprejudiced that this toll of human suffering can only be halted by a radical change in our national smoking habits. Despite the positive Government lead given following the publication of the excellent report of the Royal College of Physicians, "Smoking and Health," and extensive propaganda by local authorities, it is clear that the majority of cigarette addicts remain unconvinced or, even if they accept the evidence presented to them, indicate that they do not wish to forgo their pleasurable habit. Many still think that it is "too late" to be worthwhile stopping, which is not true as the available evidence shows that however many years the smoker has been addicted there is still an appreciable lessening of the risk if he modifies his consumption. Again, it is often pointed out that our main responsibility is to the younger generation which has not yet become addicted. The point here, surely, is that the example set by older people is not without influence and undoubtedly all parents, teachers, and particularly medical practitioners bear a heavy responsibility in this matter. For information, and to keep things in perspective, the number of deaths of residents from lung cancer during the past six years is reproduced here:—

1957	1958	1959	1960	1961	1962
6	5	6	8	3	6

The Registrar-General listed five deaths of residents in the Rural District from motor vehicle accidents. One of these, involving an Avebury man of 18 years, actually occurred in 1961, but has presumably been recorded with the 1962 deaths as the inquest was delayed until June, 1962. Brief details of the four motor vehicle accidents which actually took place in 1962 are as follows:—

- (i) A Froxfield girl of 7 years was knocked down by a motor-car.
- (ii) A Ramsbury boy of 16 ran into a van whilst cycling.
- (iii) A man of 42 from Ham died following a collision between his car and a lorry.
- (iv) A Savernake man of 52 fell off a motor-scooter.

Two other accidental deaths were recorded: a four year old boy from Great Bedwyn was drowned and a four months old Broad Hinton child died from asphyxia due to inhalation of regurgitated stomach contents. There were no deaths from suicide during the year.

Regarding deaths of children, apart from the four children mentioned above who died from accidental, and therefore potentially avoidable causes, there were six other childhood deaths recorded. Details are as follows:—

- (i) A one day old female child died at home from atelectasis due to blockage of a bronchus by mucus.
- (ii) A 3 day old male died from haemorrhagic pneumonitis at a hospital in Bath.



- (iii) A 2 months old female child whose family were living in sub-standard housing conditions died from broncho-pneumonia.
- (iv) A 10 months old female child died at home from acute gastro-enteritis.
- (v) A severely subnormal child of 20 months died from influenza.
- (vi) A 14 year old boy died as a result of his congenital heart defect.

Apart from these, and the regrettable maternal death mentioned in a later paragraph, the remaining deaths during 1962 were from unexceptional causes in mainly elderly people and require no special comment here.

We will now consider the statistics concerned with birth and infancy, which include those generally regarded as important measures of the healthiness of an area and of the efficiency of its medical and social services. The live birth rate for 1962, adjusted to allow for population structure, was 21.4, which is higher than both the County and National rates. Thirteen of these births were illegitimate, giving an illegitimacy rate of 7.3%, rather more in fact than the already high National rate (provisionally 6.6%). The most significant rate in this group is usually considered to be the infant mortality rate, which measures the number of deaths of infants during the first year of life per 1,000 live births. The 1962 rate for the Rural District was the rather high one of 27.9, which compares very unfavourably with the County (20.7) and the National (21.4) rates. However, as I pointed out in the preamble to last year's Report, rates based on relatively small absolute numbers are of little value and can fluctuate widely from year to year. The following figures, which represent the infant mortality rates for the Rural District during the past six years serve to illustrate this point.

1957	1958	1959	1960	1961	1962
41.4	18.7	0	23.7	5.6	27.9

The stillbirth rate of 11.0 per 1,000 total births is almost the same as the 1961 figure and calls for no particular comment. These statistics of obstetric importance are marred, however, by one unhappy event, a maternal death. It is generally agreed that in a civilised community with highly organised medical and social services, deaths associated with pregnancy and childbearing should, in at least the vast majority of cases, be preventable. I do not think this particular death, of a woman of 37, can be taken as a criticism of services within the Rural District however, as the unfortunate event occurred in Swindon Maternity Hospital and was attributed by the pathologist to toxæmia, loss of blood and the stress of the operation of Caesarian section which she underwent at this hospital.

Turning now to infectious diseases, it will be seen that a relatively small total number of notifications of cases was received during the year from physicians in respect of patients in the Rural District, namely 50. Although notification can never be expected to be complete, particularly in respect of the commoner diseases of childhood where the doctor may not even be consulted by the parent, there is a biennial variation in the total number of notifications received which is due to the characteristic cyclical

incidence of measles. This is shown fairly well by the following figures which represent the totals for all notifiable diseases for each of the past six years.

1957	1958	1959	1960	1961	1962
418	142	194	27	281	50

The most interesting fact in the table of notifications is represented by the 10 cases of dysentery. These cases were the outward and visible sign of a much wider outbreak of Sonne type dysentery centred on St. Katherine's School, Burbage, which occurred during July. This outbreak had an almost explosive onset, and eventually affected a large number of children attending the school from a wide area around, their siblings, and four adults: 25 persons in all were known to have been excreting the organism at some time during the period of the outbreak, although many of these remained symptom free. The condition proved rather resistant to treatment in some cases, but eventually all known cases and carriers were cleared of infection with the co-operation of the family doctors concerned. It is not known with certainty where this infection originated, although there was a strong suspicion that it was introduced into the school by the brother of a pre-school aged child who had had symptoms ever since returning from a holiday camp in Minehead four weeks previously. The Minehead M.O.H. was able to confirm that there had been a good deal of gastro-enteritis at this camp during the relevant period, though subsequent tests he made following the receipt of information from this department failed to determine the organism responsible for those particular cases.

In 1960 this Council, in common with the other rural district councils in the East Wilts group, made brucellosis (undulant fever) in man a notifiable disease by Order under the powers of section 147 of the Public Health Act, 1936. This Brucellosis Order was for a period of three years, and during the period for which the Order has been in force one case of brucellosis has been notified to the medical officer of health. The incidence of clinical brucellosis in man in this country is believed to be about 4 cases per million population per year, therefore one would expect only one case in 25 years in a district of 10,000 population. Knowledge of local cases in past years obtained informally before notification became a legal obligation, suggests that the incidence in this district has been very considerably above this level. When the term of Order lapsed naturally at the end of the three year period, the Council asked the Ministry of Health whether it would be prepared to approve the making of a new Order, but this request met with a negative response. Although I do not believe that notification alone will help much in the abolition of brucellosis in man, which is a matter requiring a National eradication scheme for the disease in animals, I was a little disappointed with the Ministry's attitude towards notification, and consider that some of the reasons given by the Ministry in favour of its refusal are mistaken. It is worth noting that the Public Health Committee of the B.M.A. again recommended notification of brucellosis in 1959, and at the same time the discontinuation of such practically unrewarding notifications as acute primary pneumonia, erysipelas and measles, the latter in particular



causing a great deal of expense and wasted clerical time with little reward in terms of disease control and prevention. England, Wales and Scotland are now almost the only remaining countries in Europe in which brucellosis is not notifiable and that authoritative publication of the American Public Health Association, "The Control of Communicable Diseases in Man" (1960), indicated that case report was obligatory in most states and countries. It is also interesting to note that the Ministry's own advice for deciding whether or not a notice to pasteurize milk should be served by the M.O.H. under section 20 of the Milk and Dairies (General) Regulations, 1959, is that whereas one positive bacteriological or biological report does not by itself justify the service of a notice, though two consecutive ones do, a case of undulant fever in man is sufficient to warrant service of a notice without biological report. This seems to be strong justification of notification of the disease in man, with subsequent action to prevent the infection of others from the same source, which is surely a direct contradiction of the Ministry's statement in its letter refusing to approve a further notification Order that "from the point of view of preventing the spread of infection, notification serves no useful purpose." Finally there is the matter of emphasising by introducing notification the importance of control of a particular disease in the eyes of practising physicians in the area. Without notification it will appear that it is immaterial whether the occurrence of the condition is known or not.

There was a single tuberculosis notification. Regarding new cases of this disease the experience of the Rural District in recent years is shown by the following figures.

1957	1958	1959	1960	1961	1962
7	1	2	3	5	1

It is interesting to review at this stage the total number of persons resident in the Rural District who are still listed in the Register of Tuberculosis Cases kept by the Public Health Department. This includes details of all those persons who have been notified at some time as suffering from pulmonary or other forms of tuberculosis, and who have not subsequently been removed from the Register as a result of permanent cure, death or leaving the district. There were 46 persons on this register at 31st December, 1962, 25 males and 21 females. In 27 of these cases the disease affected the lungs, in the remaining 19, other parts of the body were concerned, the site infected being the glands of the neck in 10 of these.

Regarding the prevention of infectious diseases by artificial immunisation, the major advance in 1962 was the widespread introduction of immunisation against poliomyelitis using the new oral type vaccine developed by Sabin. Although poliomyelitis has not reached the epidemic proportions seen during some recent years, it is still an ever present threat which may effect, and often appears to select, the young and fit adult, and we quite naturally fear it especially because, although it may not choose to kill us, it may leave us permanently confined to a wheelchair or to the living death of utter dependance upon others implied by life in an "iron lung." There is now

no need for anyone between the ages of six months and forty years to be exposed unprotected to this risk. The Ministry of Health has arranged for ample supplies of the new oral vaccine to be made available to all persons in this group. The administration of the vaccine is absurdly simple and involves no possibility of pain or distress to parent or child. The dose of three drops of vaccine is taken quite simply on a lump of ordinary household sugar or, for a baby, in a teaspoonful of syrup. There is no unpleasant taste and no after-effects at all are experienced. A full primary course consists, at present, of three doses given at intervals of four to eight weeks. In addition, those schoolchildren up to the age of 12 years who have already received protection by the injected "Salk" vaccine are able to receive their reinforcing fourth dose by this simple oral method. The protection afforded is safe and reliable and each batch of vaccine is carefully tested for the Medical Research Council before being issued. Unlike the injected "Salk" vaccine used previously, the "Sabin" oral vaccine can be used during an epidemic of poliomyelitis to "block" the spread of the disease producing virus throughout the community. The number of cases of poliomyelitis in England and Wales was lower in 1962 than it had been for nearly half a century, but the number was still appreciable; 272 confirmed cases, of which 212 were associated with paralysis. Our efforts must not be relaxed, therefore, and it is unwise to wait for an epidemic before obtaining protection, which might well be too late. Anyone in the priority group who has not yet received protection against poliomyelitis, should resolve to make arrangements to receive it without further delay. Regarding the present position in the Rural District, the statistics show that a total of 413 young people under the age of 21 completed a primary course of immunisation against poliomyelitis by injection, the oral route, or a combination of the two, during 1962, and another 209 schoolchildren had a fourth (booster) dose.

In our delight in new medical advances, we must never forget the horrors of the relatively recent past which still lurk in the background ready to attack if our vigilance slackens. Diphtheria, a disease of which most of our younger adults have no practical experience, and often no knowledge, is still a force to be reckoned with. In England and Wales 19 confirmed cases were notified during the year, and it still causes a high mortality. The numbers of deaths in England and Wales due to this infection during recent years are indicative of this point:—

1959	1960	1961
<hr/>		
0	5	10

Immunisation against this disease is now generally carried out during early infancy in combination with protection against pertussis (whooping cough) and tetanus (lockjaw), the protection afforded against the latter disease being especially important in a predominantly agricultural area such as this. The statistics show that 53 of the 179 children born in the Rural District during 1962 completed a primary course of immunisation against these three diseases. However, some of these children would be too young to be expected to have had a complete course by the end of 1962, and it is more useful to consider how the 179 (same number, by chance) children born



in the previous year (1961) have fared. In this respect we shall have to confine our remarks to diphtheria injections, as statistics concerning triple antigen protection were not available last year, but, it can safely be assumed that the vast majority who had diphtheria protection had, in fact, the "triple" antigen. Of these 179 (1961) children the statistics suggest that 52 had a complete course of primary immunisation against diphtheria in 1961, and a further 77 during 1962, giving a total of 129, that is 72%, a figure which could be improved upon.

Nor must we forget vaccination against smallpox. Although the value of infantile vaccination has been a subject of much debate during the past year, the consensus of opinion seems to be that it is of definite value and should be continued. Of the 179 children born in the Rural District during the year the statistics suggest that 89 were vaccinated, a reasonable percentage (50%) in view of the fact that many born in the latter part of the year would have been too young, and also the changing policy regarding the best time to receive this protection, 15 to 18 months being the age now favoured in this Health Authority area. It is interesting to note also that 1,174 revaccinations (all ages) were made during the year, compared with only 96 in the previous year. This is no doubt accounted for partly by the public concern early in the year about the amount of imported smallpox entering the country, and with the associated demand for International Certificates of Vaccination for persons travelling abroad.

During the year consideration was given to the problems of the elderly, with particular reference to the powers given to District Councils under the National Assistance Act, 1948 (Amendment) Act, 1962, to provide meals and recreation for old people. Enquiries were made in the area to determine the potential need for a mobile meals service ("Meals on Wheels") for old people confined to their homes, and a meeting was held with representatives of women's organisations in the area. At the time of writing this report evidence of a need to justify organising such a service in the area had not been forthcoming, and no plans are in hand for further development in this field.

A number of old people living alone were seen during the year where the possibility of action for compulsory removal to hospital or Part III accommodation under the provisions of section 47 of the National Assistance Act, 1948, had to be considered, but in each case where removal was necessary this was achieved on an informal basis without recourse to the legal powers.

Towards the close of the year interest was roused both locally and nationally by the decision of the Minister of Health, announced in Circular 28/62, that he was now prepared to approve, under section 28 of the National Health Service Act, 1946, schemes for the fluoridation of public water supplies in an effort to minimise the wastage of children's teeth through avoidable decay. This decision indicated the Minister's intention that policy decisions in this matter should be for the Local Health Authorities (County Councils and County Borough Councils) and not for District Councils.

However, it is important that all local authorities should understand what is proposed and, with this aim in mind, a detailed report on the subject in all its aspects was submitted to the Council. The most recent determination of the amount of fluoride in the district supply showed a level of 0.15 parts per million, which is much below the optimal level for good dental health. There is still much confusion in the public mind about the exact role of fluoridation and I would stress that the beneficial effects in general are limited to children whose teeth are still developing and that the present generation of adults can, of course, expect no benefit whatsoever. It is also my view that we should try to keep the whole question of dental caries in children in proper perspective. Fluoridation of water supplies would undoubtedly bring about an appreciable improvement in the dental state of future generations, but I would like to emphasize the overriding importance of moderation in the consumption of sweets, biscuits and the like, especially between meals, and of good dental hygiene. Regarding the latter, my personal view is that too much reliance can easily be placed on the use of dentifrice and brush. In my experience few children know how to use these correctly and efficiently and their indiscriminate use can lead to damaged teeth and gums. Rinsing the mouth with water after meals and chewing a portion of apple last thing at night before retiring are habits easily acquired and probably more reliable than the indifferent brushing of the teeth in a manner more appropriate to the polishing of footwear.

I would like to conclude these introductory remarks by expressing my thanks to all members of the District Council staff for their helpfulness on numerous occasions, to my Clerical Assistant, Miss G. M. Boswell, more especially for the attention she has devoted to the preparation of this Report, and to my colleague Dr. F. J. G. Lishman, who acts as my Deputy whenever it is necessary for me to be away from the district.

*I am, Madam Chairman, My Lord, Ladies and Gentlemen,*

*Your obedient servant,*

H. I. LOCKETT,

*Medical Officer of Health*

July, 1963.



## **Staff of the Public Health Department**

Medical Officer of Health	H. I. LOCKETT, M.B., D.P.H.
Chief Public Health Inspector	K. F. HUDSON, M.A.P.H.I., A.R.S.H.
Additional Public Health Inspector	S. J. ORRIGAN, M.A.P.H.I.
Rodent Officer	M. W. WELCH
Clerk (M.O.H. Office)	MISS G. M. BOSWELL
Clerk (R.D.C. Office)	MRS. R. JOHNSTON (resigned 30.6.62)  MISS M. MILSOM (from 2.7.62)

The Medical Officer of Health acts in a similar capacity for the Borough of Marlborough and the Rural District Councils of Amesbury and Pewsey. These combined districts have a population of 60,340 and an area of 235,289 acres. They have appointed a Joint Committee, the East Wiltshire United Districts (Medical Officer of Health) Committee, to deal with all matters relating to the office of Medical Officer of Health. The Medical Officer also performs duties for the Wiltshire County Council under the National Health Service, Education and Mental Health Acts.

## GENERAL STATISTICS

Area in acres	...	...	...	...	...	...	94,510
Number of Parishes	...	...	...	...	...	...	25
Population, Registrar General's mid-year estimate	...	...	...	...	...	...	10,050
Number of inhabited houses and flats	...	...	...	...	...	...	3,311
Number of houses and flats owned by the Council	...	...	...	...	...	...	612
Rateable Value	...	...	...	...	...	...	£84,166
Product of a Penny Rate	...	...	...	...	...	...	£336

## VITAL STATISTICS

	<i>M.</i>	<i>F.</i>	<i>Total</i>
Live Births	104	75	179
Legitimate	99	67	166
Illegitimate	5	8	13
Still Births	1	1	2
Deaths of Infants under one year of age	1	4	5
Deaths from all causes	65	65	130

	<i>Crude</i>	<i>Adjusted</i>
Live Birth Rate per 1,000 population	17.8	21.4
Death Rate per 1,000 population	12.9	12.8
Still Birth Rate per 1,000 Live and Still Births		11.0
Infant Mortality Rate per 1,000 Live Births		27.9
Perinatal Mortality Rate per 1,000 Total Births		22.1
Maternal Mortality Rate per 1,000 Total Births		5.5 (based on 1 maternal death)

## Comparisons, 1962

	<i>Marlborough &amp; Ramsbury R.D.</i>	<i>Wiltshire County</i>	<i>England and Wales</i>
Birth Rate per 1,000 population	21.4	19.6	18.0
Death Rate per 1,000 population	12.8	10.8	11.9
Infant Mortality Rate per 1,000 live births	27.9	20.7	21.4



## CAUSES OF DEATH, 1962

<i>Cause of Death</i>						<i>Male</i>	<i>Female</i>	<i>Total</i>
1	Tuberculosis, respiratory	...	...	...	...	—	—	—
2	Tuberculosis, other	...	...	...	...	—	—	—
3	Syphilitic diseases	...	...	...	...	—	—	—
4	Diphtheria	...	...	...	...	—	—	—
5	Whooping cough	...	...	...	...	—	—	—
6	Meningococcal infections	...	...	...	...	—	—	—
7	Acute poliomyelitis	...	...	...	...	—	—	—
8	Measles	...	...	...	...	—	—	—
9	Other infective and parasitic diseases	...	...	...	...	—	—	—
10	Malignant neoplasms, stomach	...	...	...	...	—	—	—
11	„ „ lung, bronchus	...	...	...	...	6	—	6
12	„ „ breast	...	...	...	...	—	2	2
13	„ „ uterus	...	...	...	...	—	—	—
14	Other malignant and lymphatic neoplasms	...	...	...	...	5	12	17
15	Leukaemia, aleukaemia	...	...	...	...	—	—	—
16	Diabetes	...	...	...	...	—	—	—
17	Vascular lesions of nervous system	...	...	...	...	7	7	14
18	Coronary disease, angina	...	...	...	...	10	11	21
19	Hypertension with heart disease	...	...	...	...	—	—	—
20	Other heart disease	...	...	...	...	10	15	25
21	Other circulatory disease	...	...	...	...	7	2	9
22	Influenza	...	...	...	...	1	—	1
23	Pneumonia	...	...	...	...	3	4	7
24	Bronchitis	...	...	...	...	3	1	4
25	Other diseases of respiratory system	...	...	...	...	—	—	—
26	Ulcer of stomach and duodenum	...	...	...	...	—	—	—
27	Gastritis, enteritis and diarrhoea	...	...	...	...	—	1	1
28	Nephritis and nephrosis	...	...	...	...	—	1	1
29	Hyperplasia of prostate	...	...	...	...	1	—	1
30	Pregnancy, childbirth, abortion	...	...	...	...	—	1	1
31	Congenital malformation	...	...	...	...	1	—	1
32	Other defined and ill-defined diseases	...	...	...	...	6	6	12
33	Motor vehicle accidents	...	...	...	...	4	1	5
34	All other accidents	...	...	...	...	1	1	2
35	Suicide	...	...	...	...	—	—	—
36	Homicide and operations of war	...	...	...	...	—	—	—
Totals						65	65	130

CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1962 Classified in Age Groups

Notifiable Disease	Number of Cases Notified									
	Age Groups									
	At all ages	Under 1 year	1 and under 3 years	3 and under 5 years	5 and under 10 years	10 and under 15 years	15 and under 25 years	25 and under 45 years	45 and under 65 years	65 years and over
Unknown	—	—	—	—	—	—	—	—	—	—
Anthrax	—	—	—	—	—	—	—	—	—	—
Brucellosis	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—
Dysentery	10	—	—	2	7	—	—	—	—	1
Acute encephalitis	—	—	—	—	—	—	—	—	—	—
Erysipelas	1	—	—	—	—	—	—	—	1	—
Food poisoning	—	—	—	—	—	—	—	—	—	—
Measles	24	—	4	3	10	7	—	—	—	—
Meningococcal infections	—	—	—	—	—	—	—	—	—	—
Ophthalmia neonatorum	—	—	—	—	—	—	—	—	—	—
Paratyphoid fevers	—	—	—	—	—	—	—	—	—	—
Pneumonia	11	1	—	—	1	—	1	—	3	5
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—
Puerperal pyrexia	1	—	—	—	—	—	1	—	—	—
Scarlet fever	2	—	—	—	2	—	—	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—
Tuberculosis, respiratory	1	—	—	—	—	—	1	—	—	—
Tuberculosis, other	—	—	—	—	—	—	—	—	—	—
Typhoid fever	—	—	—	—	—	—	—	—	—	—
Whooping cough	—	—	—	—	—	—	—	—	—	—
Totals	50	1	4	5	20	7	3	—	4	6



## IMMUNISATION STATISTICS, 1962

### (1) Diphtheria, Whooping Cough and Tetanus Immunisation

<i>Year of Birth</i>		1962	1961	1960	1959	1958	1953-57	1948-52
Primary immunisation completed during 1962	Diph.	53	77	9	1	2	27	4
	Wh/c.	53	77	9	1	2	1	—
	Tet.	53	73	9	2	2	57	21
Reinforcing injections administered during 1962	Diph.	—	3	14	6	7	104	14
	Wh/c.	—	1	10	3	1	9	1
	Tet.	—	3	12	4	6	70	13

### (2) Smallpox Vaccination

<i>Age Group</i>	Under 1	1	2-4	5-14	15 or over
Vaccinations	89	18	31	128	149
Re-vaccinations	—	3	28	252	891

### (3) Poliomyelitis Immunisation

<i>Persons Born</i>	2nd inj.	3rd inj.	4th inj.	3rd oral	3rd oral after 2 injs.	4th oral
1943-1961	21	164	66	127	113	143
1933-1942	6	34	—	24	32	—
Babies Born in 1962	—	—	—	9	—	—
Others	9	83	3	32	51	2
Totals	36	281	69	192	196	145

(I am indebted to the County Medical Officer for these statistics concerning immunisation work carried out in the Rural District during the year.)

# RURAL DISTRICT OF MARLBOROUGH AND RAMSBURY

## Report of the Chief Public Health Inspector for the year 1962

Council Offices,  
47 London Road,  
Marlborough.  
Telephone 326.

TO THE CHAIRMAN AND MEMBERS OF THE COUNCIL.

*Madam Chairman, My Lord, Ladies and Gentlemen,*

I have pleasure in presenting my fourteenth Annual Report on the activities of the Public Health Department.

As always I have received every co-operation from my staff and wish to express my thanks to them.

I should also like to record my appreciation of the help received from Dr. Lockett, Mr. A. G. Hunt and all other members of the Council's staff.

*I am, Madam Chairman, My Lord, Ladies and Gentlemen,  
Your obedient servant,*

KENNETH F. HUDSON,

*Chief Public Health Inspector.*



## **HOUSING**

### **General**

During the year 49 new houses were erected. Thirty-four private and 15 Council dwellings, of which 6 were for slum clearance.

The modernisation of the pre-war Council houses continued and good progress was made.

The number of applicants on the waiting list for Council houses is 135, a figure which remains fairly constant. Few of these are persons without a separate home of their own, most require a more modern dwelling.

### **Slum Clearance**

No Demolition Orders were made during the year but six houses on which there were Orders have been demolished.

### **Housing Improvement Grants**

Improvement Grants, both Discretionary and Standard, continued to be made by the Council.

As a result of Grants 38 houses were modernised during 1962.

### **Housing Survey**

The survey of houses in the district was continued and a steady improvement was noted both in the state of repair and in the provision of amenities.

## **WATER SUPPLY**

From the 1st April, 1962, Swindon Corporation took over the water undertakings from several adjoining local authorities including our own.

There is ample water available from the six public water supplies as follows:

### **Avebury Supply**

The scheme supplies water to the parishes of Preshute, Fyfield, West Overton, East Kennett, Avebury, Winterbourne Monkton, Berwick Bassett, Winterbourne Bassett and Broad Hinton. The pumping station is situated at Clatford and pumps the water from the lower chalk 150 feet deep to a reservoir on Totterdown. There is also a balancing tank erected at Broad Hinton. The water is chlorinated at the pumping station.

### **Baydon**

This supplies the parish of Baydon and the water is obtained in bulk from the Thames Valley Water Board. Practically the whole of the parish is connected to the mains. The water is chlorinated at the pumping station.

### **Bedwyn Supply**

This scheme supplies water to the villages of Chisbury, Great Bedwyn, Ham, Shalbourne, Wilton and Grafton. It also supplies a farm and several cottages at St. Katharine's in the Pewsey Rural District.

The water is pumped from boreholes at Little Bedwyn to two reservoirs, one at Chisbury and the other at Shalbourne. The water is taken from the lower chalk and is chlorinated at the pumping station.

### **Ogbourne Supply**

The water from this supply is purchased in bulk from the Swindon Corporation from their pumping station at Whitefield, Ogbourne St. George. The water is boosted to a reservoir on the downs and gravitates to the two parishes of Ogbourne St. Andrew and Ogbourne St. George and to the Military Camp. The majority of the properties in both parishes are connected to the mains. The water is chlorinated at Whitefield.

### **Ramsbury Supply**

This scheme supplies water to the parishes of Aldbourne, Chilton Foliat, Froxfield, Mildenhall and Ramsbury. The water is pumped from the greensand at Ramsbury to a reservoir north of the village and is chlorinated at the pumping station.

### **Savernake Supply**

The water for this supply is purchased in bulk from the Borough of Marlborough. The main runs from the top of Postern Hill through the front of Savernake Forest to Iron Gates and supplies Savernake Hospital, two farms and several cottages. The water is chlorinated at the pumping station.



## Water Samples

Samples for examination were taken at regular intervals from various points on each of the supplies. No samples were taken of the raw supplies before they were chlorinated.

<i>Supply</i>			<i>No. of Samples Taken</i>	<i>No. of Samples Satisfactory</i>	<i>No. of Samples Slightly Unsatis- factory</i>	<i>No. of Samples Not Satisfactory</i>
Avebury	...	...	13	13	—	—
Baydon	...	...	13	13	—	—
Bedwyn	...	...	13	13	—	—
Ogbourne	...	...	15	14	1	—
Ramsbury	...	...	13	13	—	—
Savernake	...	...	13	13	—	—
Total ...			80	79	1	—

Six of the samples, one from each supply, were for Chemical analysis and were all satisfactory.

No reason can be given for the slightly unsatisfactory bacteriological sample. Subsequent samples were satisfactory.

The water in this area is all from chalk or greensand so there is little risk of plumbo-solvent action.

The following table gives the numbers of dwelling houses and population supplied from the public water mains. There are no standpipes in the district.

<i>Parishes</i>	<i>Direct to Houses</i>	
	<i>Houses</i>	<i>Population</i>
Aldbourne ... ..	332	996
Avebury ... ..	124	372
Baydon ... ..	85	255
Berwick Bassett ... ..	8	24
Broad Hinton ... ..	63	189
Chilton Foliat ... ..	85	255
East Kennett ... ..	10	30
Froxfield ... ..	109	327
Fyfield ... ..	26	78
Grafton ... ..	77	231
Great Bedwyn ... ..	249	747
Ham ... ..	19	57
Little Bedwyn ... ..	43	129
Mildenhall ... ..	85	255
Ogbourne St. Andrew ... ..	65	195
Ogbourne St. George ... ..	89	267
Preshute ... ..	2	6
Ramsbury ... ..	395	1,185
Savernake ... ..	5	15
Shalbourne ... ..	106	318
West Overton ... ..	120	360
Winterbourne Bassett ... ..	37	111
Winterbourne Monkton ... ..	31	93
Totals ...	2,165	6,495

Apart from the public supplies there are several private piped supplies which are satisfactory.

## DRAINAGE AND SEWERAGE

The villages of Ramsbury, Aldbourne and Great Bedwyn have sewerage systems. The great majority of premises, that can, have been connected.

In September, 1962, a start was made on the construction of sewers and treatment works at the villages of Baydon, Chilton Foliat, Froxfield, Grafton and Shalbourne. It is hoped that the work will be completed by the end of 1963.

The Consulting Engineers are in the process of designing a sewerage system for the villages of Avebury, Broad Hinton, Lockeridge and West Overton. It is intended to start this work when the present work is completed.

It has been agreed in principle to provide sewerage apart from the above places to the villages of Mildenhall, Ogbourne St. Andrew and Ogbourne St. George.

In addition to this, Housing Manual Schemes have been provided for groups of Council houses, where no public sewers are available.

## REFUSE COLLECTION AND SALVAGE

Household refuse is collected fortnightly from all parishes and is at present disposed of at Knowle Refuse Tip. During the year a second small refuse vehicle was purchased as the existing vehicle was unable to cope with the amount of refuse placed ready for collection.

Salvage is collected at the same time as refuse. The following table shows the quantity collected and sold during the year as compared with 1961.

	1961				1962			
	<i>Weight</i>		<i>Value</i>		<i>Weight</i>		<i>Value</i>	
	<i>T.</i>	<i>C.</i>	<i>Q.</i>	<i>lb.</i>	<i>T.</i>	<i>C.</i>	<i>Q.</i>	<i>lb.</i>
Paper	94	14	1	0	668	15	6	
Rags	1	12	2	10	14	10	11	
Scrap Iron	20	14	1	19	57	17	8	
Totals ...	117	1	1	1	741	4	1	

The value of waste paper declined during the early part of 1962 but rose by the end of the year.



## DAMAGE BY PESTS ACT

Regular inspection of the district was again the feature of rats and mice destruction. As before the destruction was by means of Warfarin and no troubles were experienced.

The types of visits are shown in the following table:—

	<i>Local Author- ities</i>	<i>Private Properties</i>	<i>Farms</i>	<i>Business Properties</i>	<i>Total</i>
No. of inspections made ...	58	1632	285	112	2087
No. of properties inspected ...	17	1529	215	108	1869
No. of properties infested by rats ...	7	217	60	8	292
No. of properties infested by mice ...	—	8	—	2	10
No. of treatments ...	15	204	56	10	285

Total No. of visits made under the

Damage by Pests Act, 1949

3226

## FOOD

### Food Premises

<i>Type of Business</i>					
Bakehouses	...	...	...	...	5
Butchers	...	...	...	...	5
Cafes	...	...	...	...	6
Caterers (Licensed)	...	...	...	...	4
Confectioners	...	...	...	...	6
Fishmonger	...	...	...	...	1
Greengrocers	...	...	...	...	2
Grocers	...	...	...	...	41
Public Houses	...	...	...	...	27
Others	...	...	...	...	3
Total					100

During the year one cafe and one bakehouse closed. Two shops increased their trade and are now General Stores when previously they were confectioners only. One Petrol Station is now selling pre-packed sweets in its sales office. The above table shows the number and type of food premises at 31st December, 1962.

## Registered Premises

No. of Premises registered under section 16 of the Food and Drugs Act, 1955, for the sale of ice-cream ... ..	35
(Note—These are all registered for the retail of pre-packed ice-cream only)	
No. of Premises registered under section 16 of the Food and Drugs Act, 1955, for the manufacture of preserved foods ... ..	7

## Inspection of Premises

No. of visits to:—

(a) Bakehouses ... ..	14
(b) Butchers' Shops ... ..	10
(c) Cafes, etc. ... ..	21
(d) Other Food Premises ... ..	130

## Inspection of Food

### Milk Sampling

No. of Dealers' pre-packed licences already issued under the Milk (Special Designation) Regulations, 1960 ... ..	9
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Registration and issue of all other licences remain the responsibility of the County Council.

One Dealer's pre-packed licence holder ceased to operate in December 1962, and the business has been transferred to a roundsman already operating within the district.

## Sampling

The following table shows the number of routine samples taken during the year:—

	<i>Standard Test</i>		<i>Biological</i>			
	<i>Satis- factory</i>	<i>Unsatis- factory</i>	<i>Tubercle bacillus</i>		<i>Brucella abortus</i>	
	<i>Satis- factory</i>	<i>Unsatis- factory</i>	<i>Satis- factory</i>	<i>Unsatis- factory</i>	<i>Satis- factory</i>	<i>Unsatis- factory</i>
Designated Raw ...	86	5	21	—	32	2
Pasteurised/ Sterilised	158	21	—	—	—	—
Totals ...	244	26	21	—	32	2

The 21 heat-treated samples that failed the Statutory Test nearly all occurred during the summer months and mainly in  $\frac{1}{2}$ -pint bottles sampled. Correspondence with the Dairy concerned and the Public Health Authority in whose district the dairy is situated produced no definite reasons for these failures. Mainly they failed the Methylene Blue Test which indicates the keeping quality and age of the milk. Subsequent samples proved to be satisfactory after this short period of adverse results.

Four of the five unsatisfactory raw milk samples failed the Ring Test for *Brucella abortus* and these could have been the result of vaccination. The remaining sample failed the Methylene Blue Test and it was assumed to be stale milk.

The Biological Test failures came to light after individual samples were taken from the herd of a Producer/Retailer. Two cows were eventually found to be positive and were immediately removed from the herd. Subsequent samples all proved satisfactory.

### SUMMARY OF INSPECTIONS MADE DURING THE YEAR 1962

Agriculture (Safety, Health & Welfare) Provisions Act, 1956	...	157
Bakehouses	... ..	14
Butchers' Shops	... ..	11
Cafes, etc.	... ..	25
Council House Enquiries	... ..	58
Diseases of Animals (Waste Foods) Order, 1957	... ..	—
Drainage	... ..	286
Factories	... ..	25
Food Premises	... ..	132
Housing and Housing Improvement Grants	... ..	1,029
Infectious Diseases	... ..	111
Milk Samples	... ..	286
Milk and Dairies	... ..	51
New Buildings	... ..	109
Nuisances	... ..	30
Petroleum	... ..	170
Rats and Mice—Inspections and treatments	... ..	2,376
Refuse Collection	... ..	138
Tents, Vans and Sheds	... ..	13
Town Planning	... ..	79
Water Supply	... ..	1
Water Samples	... ..	82
Unclassified	... ..	275
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		5458
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# **FACTORIES ACT, 1961**

## **ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH IN RESPECT OF THE YEAR 1962 FOR THE RURAL DISTRICT OF MARLBOROUGH AND RAMSBURY IN THE COUNTY OF WILTSHIRE**

### **Prescribed Particulars on the Administration of the Factories Act, 1961**

#### **PART I OF THE ACT**

1—*Inspections* for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	2	—	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	27	25	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	—	—	—	—
Total ...	29	25	—	—

2—Cases in which *Defects* were found.

NIL RETURN

#### **PART VIII OF THE ACT**

(Sections 133 and 134)

NIL RETURN







